



## Reimbursement Policy

**Subject: Prosthetic and Orthotic Devices**

Effective Date: **05/27/20**

Committee Approval Obtained:  
**05/27/20**

Section: **Prosthetics  
and Orthotics**

\*\*\*\*\*The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicaid. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.\*\*\*\*\*

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.

Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

**Policy**

Amerigroup allows reimbursement of prosthetic and orthotic devices when provided as part of a physician's services, or ordered by a physician or other qualified health care provider, and used in accepted medical practice unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the prosthetic or orthotic device dispensed. The design, materials, measurements, fabrications, testing, fitting and training in the use of the device are included in the reimbursement of the device and are not separately reimbursable expenses.

Reimbursement is allowed for repair of prosthetic and orthotic devices:

- When necessary to make the device serviceable.
- When the device is no longer covered under the supplier's or manufacturer's warranty.
- Up to the estimated expense of replacement of the device.

Reimbursement is allowed for replacement of prosthetic and orthotic devices due to:

- Change in the patient's condition.
- Substantial change in patient's growth and/or weight.
- Permanent and/or accidental damage.
- Irreparable wear in consideration of the reasonable useful lifetime of the device (of not less than five years) based on when the equipment is delivered to the member.

**Nonreimbursable**

Amerigroup does not allow reimbursement for prosthetics and orthotics under the following conditions:

- Provision of a device that exceeds the benefit limit unless authorized through medical necessity
- Enhancements or upgrades of a device for the convenience of the member or caregiver
- The aesthetic appearance of a device for the preference of the member or caregiver
- A device considered experimental or investigational
- Repair or replacement of a device as a result of abuse or neglect
- Repair or replacement of a device during the warranty period
- Over-the-counter orthotic devices

Dental prosthetics are considered for reimbursement through delegated agreements between applicable Amerigroup health plans and contracted dental vendors.

In instances of theft, a police report is required for consideration of replacements.

<b>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved and effective 05/27/20: Policy language updated</li> <li>• Biennial review approved 04/20/18</li> <li>• Biennial review approved 07/14/16: Policy template updated</li> <li>• Review approved 11/04/15: Background section/policy template updated</li> <li>• Biennial review approved 07/30/14: New Mexico exemption removed; Language updated</li> <li>• Biennial review approved 09/24/12: Policy template updated; New Mexico exemption updated for clarity</li> <li>• Policy updated 11/16/10: New Mexico exemption added; Background section/policy template updated</li> <li>• Biennial review approved 09/27/10: Examples removed; Background and Definitions sections updated; Policy template updated</li> <li>• Review approved and effective 10/20/08: Background section/policy template updated</li> <li>• Initial policy approved and effective 09/06/06</li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State Medicaid</li> <li>• Amerigroup state contracts</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>Prosthetic Device:</b> an artificial structural and functional replacement of: <ul style="list-style-type: none"> <li>○ A limb/appendage or internal organ</li> <li>○ All or part of the function of a permanently inoperative or malfunctioning internal body organ</li> </ul> </li> <li>• <b>Orthotic Device:</b> a brace with rigid metal or plastic stays applied to the body: <ul style="list-style-type: none"> <li>○ For support or immobilization of a body part</li> <li>○ To correct or prevent deformity</li> <li>○ To assist or restore function</li> </ul> </li> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• Reimbursement for Items under Warranty</li> <li>• Scope of Practice</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>